DWS ID NUMBER

EMPLOYER'S QUARTERLY CONTRIBUTION AND WAGE REPORT ARKANSAS DEPARTMENT OF WORKFORCE SERVICES

P.O. BOX 8007 LITTLE ROCK, ARKANSAS 72203-8007 (501) 682-3798

REIMBURSABLE

_	DATE QUARTER ENDED FEDERAL ID NUMBER REPORT DUE DATE Check box and return i				
RT A.			dat ma	2nd mo	
		1st mo			
Number of employees in the					
Total of all wages paid for pe		· ·			
Penalty (see instructions)				\$	•
Amount of remittance (make	e payable to Arkansas I	Department of W	orkforce Service	es) \$	·
					CASHIER'S STAMP
DO NOT ALTER TH					
RT B.		Initial			
CI D.		Amt received			
Enter the SSN, first name, middle total wages paid to each employe quarter in the space provided belongerated.	e during the calendar	Penalty code			
provided). SOCIAL SECURITY NUMBER	FIRST NAME MIDDLE	NITIAI & LAST NAM	ME OF EMPLOYEE	TOT	AL WAGES PAI
				·	
				\$	•
				\$	•
				\$	•
PAGE ONE OF PAGE(S) I HEREBY CERTIFY THIS REPORT IS	TOTAL NO. OF EMPLOY ON THIS REPORT	EES TOTAL	WAGES FOR TH	HIS PAGE \$	
SIGNATURE			DATE	TELEPHONE	

CONTINUATION SHEET FOR FORM 209BR

DWS ID Number _____ Quarter End Date _____

	Employer						
			Town		Page	of	
	-						
				FIRST NAME, MIDDLE INITIAL & LAST NAME OF EMPLOYEE	TOTA	AL WAGES	PAID
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25)					\$		
26)					\$		•
				TOTAL WAGES FOR THIS PA	GE \$		